



Judge's Chambers Complete this section Please print or type all information							
Paralegal, Secretary, or Administrative Assistant's Name:							
Email Address:			Phone Num	nber (_)		
Court Location:		Judg	e's Name (print	ed)			
Judge/Designee's Signature: _			Date:				
Separation Last Da	Last Day of Employment:		(Last day on payroll)				
PERSONAL IDENTIFICATION DATA							
Name: First M	I Last						
If your address has changed please attach address change forms for Central Payroll and Health Benefits (if you have benefits). Forms may be found at www.mdcourts.gov/hr under quick links – address changes. If your address changes any time prior to year end, please send the payroll address change form so your W-2 will be mailed to the correct address in January.							
Home Address (Street and Number	r):						
City, County, State & Zip Code: _	City	County	State		Zip		
Email address:							
Signature:			Date:				
Your last day on payroll will be	the " <u>separation</u> " date	shown above.					
Any health benefits will continue	e through the end of th	ne time period cover	ed by your last p	oremium d	eduction.		
(http://compnet.comp.state.md.us/Central_Payroll_Bureau/CPB_Static_Files/FY%202012%20REGULAR%20PAYROLL%20 SCHEDULE%20revised%206-8-11.pdf)							
COBRA information will be mailed directly to your home address from the Health Benefits Unit at the Department of Budget and Management in Baltimore.							
Return the original form to:	Connie Winkel, La Maryland Judiciary 580 Taylor Ave., A Annapolis, MD 21	y A- 1	tor				
A two week advance notice of separation is customary in business. You may fax a copy prior to mailing, if the separation date is within five (5) working days. 410-974-2849							
The Maryland Judiciary is an Equal Opportunity Employer							

HR Use Only:	
DINI	~ ~ ~ ~ .
PIN:	Confirm End Date: